b. CLYY (If outside corporate limits, give TOWNSHIP entry)  b. CLYY (If outside corporate limits, give TOWNSHIP entry)  b. CLYY (If outside corporate limits, give TOWNSHIP entry)  c. CLYY  OR  TOWN St. Louis  c. FULL NAME OF (If NOT inhospital, give location)   Length of stey in 1b  c. FULL NAME OF (If NOT inhospital, give location)   Length of stey in 1b  c. FULL NAME OF (If NOT inhospital, give location)   Length of stey in 1b  c. FULL NAME OF (If NOT inhospital, give location)   Length of stey in 1b  d. STREET  FIRST  J. MAME OF (If NOT inhospital, give location)   Length of stey in 1b  J. MAME OF (If NOT inhospital, give location)   Length of stey in 1b  J. MAME OF (If NOT inhospital, give location)   Length of stey in 1b  J. MAME OF (If NOT inhospital, give location)   Length of stey in 1b  J. MAME OF PRICE MAN   Length of stey in 1b  J. MAME OF (If NOT inhospital, give location)   Length of stey in 1b  J. MAME OF PRICE MAN   Length of stey in 1b  J. MAME OF PRICE MAN   Length of stey in 1b  J. MAME OF PRICE MAN   Length of stey in 1b  J. MAN COCCUPATION (Give inide) work done  J. MOTHER'S MANDE (City and state or country)   Or 12. CITIZEN OF WHAT COUNTRY  J. MOTHER'S MANDE MAN   Length of step in 1b  J. MAN COCCUPATION (Give inide) work done  J. MAN COLLEGE MAN   Length of step in 1b  J. MAN COCCUPATION (Give inide) work done  J. MOTHER'S MANDE MAN   Length of step in 1b  J. MATTER'S MAN   Length of step in 1b  J. MA	•			EALTH OF MISSOURI		19231
De. COUNTY    C. CITY (I outside corporate limits, give TOWNSHIP only)   Inside Limits OF (I NOT I COUNTY OF TOWN St. Louis   Vest Not TOWN St. Louis   Vest Not TOWN St. Louis   Vest Not TOWN DeSoto   Vest Not Not Not Not Not Not Not Not Not No	FILED JU				1003 STATE FILE	4932
CITY (I Outside corporate limits, give TOWNSHIP only)  TOWN St. LOUIS  C. CITY TOWN St. LOUIS  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NoT inheapital, give location)  C. PILL NAME OF (II NoT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PILL NAME OF (II NOT inheapital, give location)  C. PART OF (II NOT inhe		ATH		11	(Where deceased lived. If inst	itution: Residence before admission) Infferson
C. FULL NAME OF (IF NOT in hospital, give location) Length of stey in 1b (HOSPITAL ORD).  Baptist Hospital & days 7 (If outside, give location) Reside on No. 1 (If outside, give location) Reside of No. 1 (If outside, give location) Reside outside of No. 1 (If outside, give location) Reside outside	1 OR			c. CITY		Inside Limits
Second of print   Flora   Roubidoux   Geath   May 25 195				U 4251RFF1	te. # 1	1
S. SEX     S. COLOR OR RACE	DECEASED		Middle		1 ns	- · · · · · · · · · · · · · · · · · · ·
100. IUNIO OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (City and state or country)   12. CITIEN OF WHAT COUNTRY during and of working life, even if retired   U.S.A.    13. FATHER'S MANDEN ANAME   U.S.A.   U.S.A.    14. MOTRET'S MAIDEN NAME   U.S.A.    15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   U.S.A.    16. SOCIAL SECURITY NO.   NO.   Donald Roubidoux, Rto. # 1, DeSoto, Missouri   PART I. DEATH WAS CAUSED BY:   U.S.A.   U.S.A.   U.S.A.   U.S.A.   U.S.A.    18. CAUSE OF DEATH   Enter only one cause per line for (g), (b). and (c).   U.S.A.	Female /	White		B. DATE OF BIRTH Aug. 15, 1885	9. AGE (In years 1F UN last birthday) Mont	DER I YEAR IF UNDER 24 HRS.
John Russell  15. WAS DECEASE DEFER IN U. S. ARMED FORCES?  (Yes. No. or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  NONE  18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).]  PART I. DEATH WAS CAUSED OF:  IMMEDIATE CAUSE (a)  Conditions, if any.  Which gase rise to  Address  ONE  Conditions, if any.  Which gase rise to  Address  DOE TO (b)  ACCIDENCE  Conditions, if any.  Which gase rise to  ACCIDENCE  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER S	during most of u  Housewi	porking lise, even is relited)		Centerville,	Missouri 1	
None   Donald Roubidoux, Rte. # 1, DeSoto, Mis   18. Cause of Death [Enter only one cause per line for (3), (6), and (6).	John Rus	<del></del>		Unknown		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CLICKOSIS - CREME - COPING - COLLIGS S  ONSET AND DEA  ONSET A	(Yes, no, or unknown) NO	(If yes, give war or dates of ser	None			
WHILE AT NOT WHILE AT NOT WHILE WORK 1 STORM STO	PART I. DE	ATH WAS CAUSED BY:	Ciavis - (b), and (c).	Poute-Nepla	no-Delerase	ONSET AND DEATH
A STEEL STATE STAT	which gare above can	e rise to Los (a),	Met Renal	Failure- (	Uxemia)	1 year
20c. TIME OF Hour Month, Day, Year INJURY a. m. a. m. p. m.  20d. INJURY OCCURRED  WHILE AT MOT WHILE AT MOT WHILE AT WORK  21. I attended the deceased from Month of the best of my knowledge, from the causes st.  22a. SIGNATURE  22a. SIGNATURE  22a. BURIAL. CREMATION SIGNATURE  23a. BURIAL. CREMATION Signature  23b. Date Signature  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town. or canty)  Burial  24. FUMERAL DIRECTOR  ADDRESS  25. DATE RECO. BY LOCAL REG.  WAY 27'57  WAY 27'57  WAY 27'57	stating the	se last. DUE TO (c)	CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE CONDI	VASCULAL KCL TION GIYEN IN PART I(n)	19. WAS AUTOPSY
20c. TIME OF Hour Month, Day, Year INJURY a, m., p. m.  20d. INJURY OCCURRED  WHILE AT ON WHILE AT NOT WHILE AT WORK  21. I attended the deceased from Death feeling of the deceased from Death feeling of the feeling o	No and Accident	TO THE MAIN THE MAIN TO THE MAIN THE MAIN TO THE MAIN THE MA	MWAGE - Ch.	Mir Chalely RED. (Enter nature of injury i	SZZZ - n Part I or Part II of Uem 18	YES ON NO
WHILE AT ONE NOT WHILE OF STREET, office Didg., etc.)  21. I attended the deceased from Death focular of the date stated above; and to the best of my knowledge, from the Lauses etc.  22a. SIGNATURE  (Degree or Wile)  23a. BURIAL. CREMATION REMOVAL (Specify)  Burial  May 28, 1957  Catholic Cemetery  Vinyard Fun'l Home, Festus, Mo.  MAY 27'57		four Month, Day, Year	· · · · · · · · · · · · · · · · · · ·	44	42x	
21. I attended the deceased from May 20 to May 25 and last saw her alive on May 27 Death reculred at May 1970 (Degree or Mic)		JRRED 20e. PLACE	E OF INJURY (e. g., in or about home	, 20/. CITY, TOWN, OR LOCAT	TION COUNTY	STATE
Death registed at Min Parist 1800 (Cilifabilità date stated above; and to the best of my knowledge, from the Rauses st.    22a. SIGNATURE (Degree or title)	WORK -	AT WORK	May 23 10	may 25/17	nd last saw her alive on	may 24/57
Burial May 28, 1957 Catholic Cometery Desloge, Missouri  24. FUNERAL DIRECTOR ADDRESS DATE RECD. BY LOCAL REG.  Vinyard Fun'l Home, Festus, Mo.  MAY 27'57  WAY 27'57	Death	God or Mrs Boxy t		te stated above; and to the	best of my knowledge, i	22c, DATE SIGNED
Vinyard Fun'l Home, Festus, Mo.  Address  Vinyard Fun'l Home, Festus, Mo.  MAY 27'57  MAY 27'57	REMOVAL (Specify	n	.V	I		• 57
THE ET OF CALL OF MICES OF	24. FUNERAL DIRECTO	R ADD	DRESS 25.			
		· · · · · · · · · · · · · · · · · · ·	<del></del>	ment on Reverse Side)	mgs	with pro-

## STATEMENT BY LICENSED EMBALMER

I hereby certify	that the	body whose	name is	recorded on the	reverse side	of this certificate w	as e
by me, or by		···			Štı	ident Embalmer No.	·

working under my personal supervision...

Signature of Student Embalmer

Student .....

Licensed Embalmer No. 49

P. O. Address Feeta Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.